

# **COLORADO METHAMPHETAMINE TASK FORCE**

**Meeting November 20, 2009**

**10:00 am – 1:00 pm**

**Colorado Municipal League**

**1144 Sherman St., Denver, CO**

FINAL

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**Chair** – Attorney General John Suthers

## **Vice –Chairs:**

- *Treatment* – Janet Wood, Director, Division of Behavioral Health, CDHS
- *Prevention* – José Esquibel, Director, Interagency Prevention Systems, CDPHE
- *Law Enforcement* – Lori Moriarty, Retired Commander, Thornton Police, Department, North Metro Drug Task Force

## **Task Force Members Present:**

Attorney General John Suthers; Janet Wood; José Esquibel; Debra Campeau; Jade Thomas; Tim Griffin; Greg Daniels; Wayne Maxwell; Carmelita Muniz; Dan Robinstein; Nick Taylor; Kathryn Wells; Shane Bahr (for Tom Quinn); Chele Clark

## **Guests:**

Dennis Dahlke; Colleen Brisnehan; Charles Davis; Curriel Duffy; Ernest Martinez; Jerry Peters; Julia Roguski; Ralph Wilmoth; William Nagle; Kent MacLennan; Mark Cooney; Christine Agosta; Scott Strobe; Jackie Westhoven

## **Introductions:**

Chair Attorney General John Suthers.

## **Review and Approval of minutes:**

The minutes from September 25, 2009 were approved by motion and acclamation.

## **Announcements from the Task Force:**

*Attorney General John Suthers:* AG Suthers recently returned from a meeting of the Western Attorney Generals and the topic of discussion at the meeting was prescription drug abuse. Prescription drugs are now the second most abused drug by youth, according to the U.S. Department of Justice. A 2006 survey found that 16.2 million Americans over age twelve had taken a prescription drug for non-medical purpose and 20% of young people have abused prescription medications (National Institute on Drug Abuse). Unintended drug poisonings now account for almost as many deaths in Washington as car crashes – about 650 a year – primarily because of the spike in prescription-related fatalities. Commonly abused prescription drugs are: Oxycontin; Vicodin; Valium; Xanax and Ritalin. Colorado was one of the states listed with a high rate, with more 18 to 25 years olds dying from prescription drug deaths than in auto accidents. We need to look at ways to raise public awareness. Perhaps we consider a conference to bring various stakeholders together, including the press to bring this issue to the forefront.

## **Comments:**

- This is a great time to do some legislative initiatives. How can we better track these drugs and detect drug fraud? The Board of Pharmacy is addressing this issue and has some items in place. We need to bring these folks to the table. Hopefully we can get them involved in the

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task force. This is two-year process not a ten-year process. There are means in place to control this.

- There are no standards to do this.
- Denver Drug Strategies put together a report and they have increased the number of officers to do this. Colorado has a very high standard for law enforcement to get probable cause making it hard for law enforcement to do anything about this.
- It is suggested that we look at the Washington model and see what they are doing and what is working.
- We can consider this in our strategic planning for next year.
- There is a program addressing prescription drug abuse called “Rx Drugs: Not yours Not safe.” More information is available at [www.PeerAssistanceServices.org](http://www.PeerAssistanceServices.org).
- There is a pilot program to take back unused prescription drugs at King Soopers. The Colorado Medication Take-Back Project now provides a network of collection boxes for unused and unwanted household medications. Collection boxes can be found at ten convenient locations: eight on the front range and two in Summit County. Unused medications can present a temptation to children and can end up in water supplies if flushed down the drain. Take advantage of the project to protect your loved ones and the environment. For locations and more information, visit the project Web site at <http://www.coloradomedtakeback.info>

*Dr. Nick Taylor* - Meth Free Delta County has finalized its set up as a managed service organization. All of the services needed to deliver the Delta Community Based Substance Abuse Treatment model are now in place as contract providers with MFDC. We are seeing some social norms changes that will make a huge difference in the community.

*Kent MacLennan, Colorado Meth Project* – November 30th is National Meth Awareness Day. We will be doing a media campaign and Brighton will be doing a lot of activities locally. The Governor will be doing a proclamation for the day. Meth Project has done a great job getting the recovered addicts involved. We are working closely with the addiction recovery group.

*Shane Bahr* - State Judicial was awarded a two-year, \$2.7 million dollar Recovery Act: Edward Byrne Memorial Grant to expand adult drug court and DUI courts. Grant funding will expand the number of high need and high risk drug offenders by funding an additional 15 FTE for probation officers, court staff and problem solving court coordinators. Unfortunately, there is not grant funds for treatment. The problem solving court coordinator position is new to most jurisdictions. One of the problem solving court coordinator's roles is to act as the liaison between the court and the community. If there are community-based projects where the problem solving court coordinators can be of assistance, please contact him.

*Kathy Wells* – The next Child Welfare Action Committee meetings are scheduled for Nov. 23th and Dec 9<sup>th</sup>. These meeting are open to the public. The Substance Exposed Newborns Work Session in September 2009 was the first step in a very exciting process and we are committed to continuing to move forward in our work to address practice and policy issues around substance exposed newborns. As a result of the Work Session, a Steering Committee has been formed and five action areas have been identified: Confidentiality, Data, Screening, Collaboration, and Education & Training. To learn more about this process, or to join one of the committees, please keep your eyes on our website as details will be added in the coming weeks.

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## **Strategic Planning and Next Steps of the SMTF**

*Co-Chair José Esquibel*

We are thinking of sending out a survey in December to get feedback from the group.

Reflections from the group about the work of the SMTF:

- It is wonderful to come to one place every few months to sit down with such a diverse group of people to find out what is happening and learn about each other efforts. I find this very helpful to work with this group to get educated.
- This meeting is a good opportunity to find out what others are doing; how we can integrate and share the different information and the networking with each other.
- The product of the network and the practice of networking with each other. The dentistry presentation was wonderful. Seeing how Jade works and interacts with all the partners. The natural connections are easier to see and connect with.
- Money came to our state because of the collective wisdom and structure we have created with this group. This is a unique combination, we have a mix of community, law enforcement, policy makers, and practice level people
- Although meth is in the title of the Task Force, this group is willing to look at other “drug” issues. Also, DEC is a great partner.
- We connect people with the services, collecting data and the DEC work. We have had some impressive presentations and we need to consider what we do with the information we receive.

## **Meetings Dates for 2010:**

1<sup>st</sup> Friday of the month: Feb. 5th; May 7th; Aug. 6th; and Nov. 5<sup>th</sup>, 10:00am – 1:00pm

In February we will have a facilitator to assist in our strategic planning.

If have a facilitator to recommend, contact Jade Thomas.

## **Regional Partnership Grants:**

*Nacshon Zohari, Denver EFFECT Grant*

Overview:

In 2007, Denver Department of Human Service (Child Welfare) was awarded a \$3 million grant to develop family-centered treatment for families suffering from the effects of addiction. The resulting program, Denver EFFECT, was born through collaboration between Child Welfare, two substance abuse treatment providers – ARTS and Arapahoe House, and Denver Probation (TASC).

- Denver EFFECT accepted its first family on March 17, 2008, and is currently serving 40 families with a total of 84 children.
- There are 2 Denver EFFECT sites, one at ARTS and one at Arapahoe House
- Both sites are equipped with onsite daycare facilities that facilitate full-family participation in the program.
- Each site has 2 family therapists and childcare facilitators, a legal liaison housed at TASC and a program coordinator at DDHS.

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- Target population:
  - One of both caregivers have a substance abuse issue that requires treatment
  - Children are residing with caregivers or kin
  - There is a complexity of co-occurring issues
  - At least one family member is willing to go through the program with the caregivers
  - Family chooses to be in the program
- 3 Levels of family treatment:
  - Multi-family group
  - Family therapy
  - Individual

We know that each system has a different culture and a different way to see things. We need to get our values out on the table. The grant is written to serve 40 families at any one time. Colorado is very well represented with this grant. We have found that to make this grant work you need to have certain components in place.

One component is to have a legal liaison work for you; they are a very important position to making this grant work because they know the system. The program coordinator is also a “must have” position and finally it helps to get the client’s family involved in the treatment plan; just getting the family in the process motivates the client to do the work of getting clean. The extended family members are part of this process. They need to understand the problem and how to help the client. The problems and issues need to be addressed, you can’t help the client stay clean if you send them back to the same issues.

The collaboration component is a must. A partnership with the family encourages them to become involved with the process. In child welfare we are experts in protecting the children, we may not know the treatment or abuse parts of the problem but with this grant and program we are now a well-rounded process.

Clinical Case Management is another key to making this work. The family therapist acts as a clinical information hub and helps to translate the different languages: example Meth vs. methadone.

We only have had three or four families turn down our offer to help them.

Steps to the Successful Implementation of Denver EFFECT are:

1. Devote Plenty of Lead Time for Planning
2. Capitalize on Existing Relationships
3. Have Clout at the Table
4. Be Firm but Flexible
5. Accommodate Differing Organizational Cultures
6. Focus on Group Processing

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## **Comments:**

The majority of the population is Hispanic, are some bilingual services provided?

- Not at this time, we are hoping to address these issues with the sustainability part of the grant.

How are you planning for the sustainability of this work? We are just starting this process and are doing a couple of things to address this issue. Data operations people are looking at the cost analysis for this; we are weighing the cost of placement vs. this system.

Do the families have to pay for this? No, child welfare pays for this and some of the grant money is used.

We are not involved with the family court.

## **Amendment 20 Working Group**

*Ernest Martinez, Denver PD & CO Drug Investigators' Assoc.*

*Jerry Peters, City of Thornton, CO*

The purpose of this workgroup is to address the confusion and the abuse surrounding Amendment 20 (medical use of marijuana) to ensure the will of the Colorado voters is upheld and to protect those with debilitating medical conditions for whom the Amendment was enacted.

We have a very broad membership to the NARCs Association reviewing Amendment 20; Colorado is the only state that has medical use of marijuana in its Constitution. Two meetings have been held regarding a number of things that need to be changed in the statute. The two main changes in the statute are: redefine the caregiver definition and limit the patient ratio number to 5 patients per medical caregiver. At the meeting, fourteen public speakers were used to do the presentations and there was testimony at both meetings. However, we were not successful in changing the law.

When the President announced that the federal government would not actively pursue charges against those who used or sold medical marijuana, more medical marijuana caregivers started to take on clients. When the Colorado Board of Health decided not to limit the number of patients per caregiver, we saw the growth of new dispensaries in the state. The dispensaries are the problem; we can not track the clients or the abuse of the product.

Prior to the summer of 2009, just under 1,700 individuals held marijuana cards, now the Colorado Dept of Public Health and Environment receives over 600 request a day and the department does not the staff to handle this. Law enforcement agencies are now dealing with fraud and abuse by both caregivers and a small number of physicians.

The question is how do we reduce the abuse and how do we reduce the number of dispensaries? We are looking at the access model. As a group we need to identify the questions to “how do the people get medical marijuana but don’t have the means?” Law enforcement can’t verify the validity of the medical marijuana identification cards. Verification from the caregiver is difficult to prove. We want to support legislation to limit what medical issues are allowed (currently ear aches are being listed as a reason for being granted a medical marijuana card) and define the caregiver ratio. Currently 80% of medical marijuana prescriptions are signed by only 15 doctors.

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Most of these doctors have disciplinary actions against them and seven doctors are not supposed to prescribe meds.

Caregivers have to have more responsibility than just to prescribe medical marijuana. Also, the dispensary business model isn't regulated to prevent abuse. Lobbyists are being hired to address these issues with legislators and to show that the dispensary business model is subject to taxes, therefore a potential source of revenue money for the state, although medical marijuana, as a prescription, would not be taxable in accordance with federal law.

We were experiencing a ten-year drop in juvenile use of marijuana. There is concern that we may see an increase of marijuana abuse among minors. There are also concerns about public safety. What is the legal level for marijuana use? The active ingredients of marijuana tend to stay in the body for long periods.

What is needed from the State Meth Task Force? We are collecting data and we need all that we can gather. We want to get out the most factual information that we can. We need to get to the grass roots efforts. We are going to define a number of issues. The doctors need to be doctors in good standing. The doctors need to do follow ups. We need to get reputable doctors on board with these issues.

### **Colorado Commission on Criminal and Juvenile Justice Drug Policy Work Group**

*Carmelita Muniz, Colorado Providers Association*

A meeting will be held on December 1<sup>st</sup> in the afternoon, to discuss the issues addressed by the commission. We are working on the need for treatment. Janet Wood has joined us to develop more treatment options and the quality of the treatment in the state. A lot of work will need to go into the capacity building in this regard. Less than 60% of people who need treatment can get it. We are looking to the larger treatment centers to help with these issues and to join in the treatment work. There is a lot of good work going on but we will need to continue the work and look for partners to help with this. A number of partners have joined, law enforcement, and the defense bar. Everyone has come to the table including the treatment providers. The voices are being heard and it has been helpful. We were tasked to come up with the package to present.

- **Option 1 -**

We agree to the suggestion of scaling down the class of felonies. The idea behind this is, the people in this classification are okay to release because of the treatment they receive while in jail. We can't say that savings will occur based on future savings.

- **Option 2**

The goal is to have a whole separate grid for drug crimes as some other states have. The idea is to have treatment options for these people. In the fiscal structure of the state, the current money is not going into treatment but to rescue the state budgetary shortages.

We are hoping to introduce a bill this year to address some of these issues.

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## **National Meth Summit Action Plan**

*Jade Thomas*

We continue to work on the Meth Summit Plan. There are two main updates: Jade attended a national follow up meeting in Washington, D.C. in December. Also a Tech Assistant Grant was submitted to do some “Train the Trainer” sessions in Colorado. We will be inviting Dr. Tom Freese to deliver a train the trainers curriculum to 20 persons on February 9 and 10<sup>th</sup>, followed by a research forum hosted by the Division Behavioral Health on February 11th.

## **Substance Abuse Data Dashboard**

*Janna Bisetti and Amber Murray Anderson, OMNI Institute*

The State Meth Task Force's Data Subcommittee has been working with OMNI Institute to create a data community page that includes a dashboard. The purpose of the dashboard is to publicly display the indicators and data points that the subcommittee has identified as being important and targeted to address by the group. Therefore over time we will hope to see a change in the data points that are displayed on the dashboard.

At this time the subcommittee is working hard to get data into ASPIRE to display on the dashboard. As of right now, the dashboard is populated with a shell that will be completed with time. To view the dashboards please visit this link: <http://aspire.omni.org/ToolKits/Modules/SMTF/SMTFHome.aspx>. José asked the group to begin to think through how this site gets maintained and who really "owns" the site and has investment in it within the larger group.

OMNI also previewed new collaboration software that will soon house on the State Meth Task Force's community page, including the dashboard. The community portal will have the following functions: shared calendar for the group, shared document workspace, shared web links, resources, Blog, Wiki, etc. Training will be offered once it is launched by OMNI. The group was excited about the opportunity to use these collaboration tools to more effectively complete their work.

One thing that was noted - make sure that some areas of the portal are password protected in order to make it a useable forum for discussions, etc.

## **Comments**

The other part of this that we are working toward is the community level. Some of the information and data will be available at the county level.

Next big step is to get the data entered. We will be working with you to do this.

**Next meeting:** Friday, February 5, 2010, 10:00 a.m. –1:00 p.m., Colorado Municipal League, 1144 Sherman St, Denver. (*Subsequent to the meeting the location has been changed to the Attorney General's Office, 1525 Sherman Street, 6<sup>th</sup> Floor conference room*).